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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/731,906
Filing Date	December 10, 2003
First Named Inventor	Michael T. McKibben
Art Unit	2176
Examiner Name	Unknown
Attorney Docket Number	LEADP101USA

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
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The reasons for this request are:

The client failed to provide sufficient resources to prosecute the case.

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1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

☒ Firm or Individual Name Michael T. McKibben

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Date August 2, 2005

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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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